

## Appendix 12: Environmental Sampling Forms

# FORM 100

## Home Schematic

Inspector _____
<p>Is this location a (<b>Check One</b>)          ____ Single family    ____ Mobile Home    ____ Multi family ≤ 4 units    ____ Multi family &gt; 4 units</p> <p>If multi family, what floor is the main occupant entry on (basement - 0, ground floor - 1, and so on): ____</p> <p>Location has (<b>Check One</b>)    ____ Basement    ____ Slab    ____ Crawl space</p> <p>Total number of floors above ground for this residence/building ____.</p> <p>Total number of rooms in residence ____.</p> <p>Are there any detached painted structures/objects (<b>Circle</b>) Y    N</p> <p>Primary exterior covering ____    Is the primary covering painted (<b>Circle</b>)    Y    N</p> <p>What type of water pipes are present ____    Is drinking or cooking water supplied from a well (<b>Circle</b>) Y    N</p>

<p><b><u>1 - Child's Bedroom</u></b></p> <p>Floor number ____</p> <p>Primary Floor Type ____</p> <p>- Piece carpets present    Y    N</p> <p>General condition ____</p> <p>Is this room also the child's main play area    Y    N</p> <p>Comments:</p>	<p><b><u>2 - Kitchen</u></b></p> <p>Floor number ____</p> <p>Primary Floor Type ____</p> <p>- Piece carpets present    Y    N</p> <p>General condition ____</p> <p>Is this room also the child's main play area    Y    N</p> <p>Comments:</p>	<p><b><u>3 - Childs Main Play Area</u></b></p> <p>Floor number ____</p> <p>Room type: _____</p> <p>Primary Floor Type ____</p> <p>- Piece carpets present    Y    N</p> <p>General condition ____</p> <p>Comments:</p>
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- Exterior covering: **1**-Wood, **2**-Brick, **3**-Cement block, **4**-Vinyl/Metal siding, **5**-Other (specify).
- Water pipes: **1**-Lead, **2**-Plastic, **3**-Galvanized steel, **4**-Copper, **5**-Iron, **6**-Mixed (specify), **7**-Other (specify).
- Floor type: **1**-wood, **2**-linoleum, **3**-ceramic tile, **4**-wall-to-wall carpet, **5**-concrete, **6**-other.
- General condition: **1**= very neat, uncluttered, no dust or soiling; to **5**=very messy, cluttered and obvious accumulation of dust/soiling

**Form 110**  
**INDOOR ENVIRONMENTAL PAINT ASSESSMENT**

New Form For Each Room

Draw Diagram On Reverse Side Of Sheet (Indicate North)

<b>Put ID Sticker Here</b> <span style="float: right;">Inspector _____</span>				
Instrument XRF No. _____				
Room No. _____ Within Room - Total No. Doors _____ Total No. Windows _____				
Test Component	Condition (I, F, P)	Damaged (Percent)	XRF Result (mg/cm <sup>2</sup> )	Comments
Wall				
Door				
Door Jam				
Window Sash				
Window Stool				
Miniblind – Vinyl				
Baseboard				
Ceiling				
Floor				
Radiator				
Cabinet – built in				
Shelf – built in				

Condition:

- Intact (I) – no obvious visible deterioration.
- Fair (F) and Poor (P):
  - Small surfaces (window, door, molding, etc.) - less than 10% deterioration then **fair**, if greater then **poor**.
  - Large surfaces (ceiling, floor, wall) - less than 2 ft<sup>2</sup> then **fair**, if greater then **poor**.

**Form 120**  
**OUTDOOR WALL AND PORCH ENVIRONMENTAL PAINT ASSESSMENT**  
**General Information**

<b>Put ID Sticker Here</b>	Inspector _____
Instrument XRF No. _____	

**Outdoor Wall Information**

Wall 1 Letter _____ Wall 2 Letter _____ Total no. doors ____ Total no. windows ____				
Test Component	Condition (I, F, P)	Damaged (Percent)	XRF Result (mg/cm <sup>2</sup> )	Comments
Wall 1				
Wall 2				
Window Sash 1				
Window Sash 2				
Window Well 1				
Window Well 2				
Door 1				
Door 2				
Door Jam 1				
Door Jam 2				

**Porch Information**

Main Porch Wall Side Letter (Usually A) _____				
Test Component	Condition (I, F, P)	Damaged (Percent)	XRF Result (mg/cm <sup>2</sup> )	Comments
Floor				
Ceiling				
Handrail				
Column/Post				

Condition:

- Intact (I) – no obvious visible deterioration.
- Fair (F) and Poor (P):
  - Small surfaces (window, door, etc.) - less than 10% deterioration then **fair**, if greater then **poor**.
  - Large surfaces (ceiling, floor, wall) - less than 10 ft<sup>2</sup> then **fair**, if greater then **poor**.

Form 1100  
Soil Composite Sample Collection

Inspector \_\_\_\_\_

**Yard Area – Non Play**Sample No. **Y - 1**      Comments:

Bare % Area \_\_\_\_\_

Number of samples in Composite (Typical 8) \_\_\_\_\_

If limited bare areas, number of samples taken from vegetated areas \_\_\_\_\_

**High Contact/Play Area**Sample No. **P - 1**      Comments:

Bare % Area \_\_\_\_\_

Number of samples in Composite (Typical 8 or 16) \_\_\_\_\_

If limited bare areas, number of samples taken from vegetated areas \_\_\_\_\_

**Drip Line**Sample No. **D - 1**      Comments:

Bare % Area \_\_\_\_\_

Number of samples in Composite (Typical 8) \_\_\_\_\_

If limited bare areas, number of samples taken from vegetated areas \_\_\_\_\_

**Soil SRM**Is this the 50<sup>th</sup> soil composite sample since the last soil SRM (~ 17 residences) -    **Y**    **N**If yes, insert soil SRM - Sample Number - **YS - 1**

SRM Code No. \_\_\_\_\_

## Dust Wipe Collection FORM 250

Sample Type	Window Sill Sample No. <u>S - 1</u>	Floor Sample No. <u>F - 1</u>	Miniblind Sample No. <u>M - 1</u>
<b>Room 1</b> <b>Child's</b> <b>Bedroom</b>	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Carpet ____ or Hard surface ____ Dim. (inches) <u>17 X 17</u> Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:
<b>Room 2</b> <b>Kitchen</b>	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Carpet ____ or Hard surface ____ Dim. (inches) <u>17 X 17</u> Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:
<b>Room 3</b> <b>Child's Main</b> <b>Play Area</b>  Room type: _____	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Carpet ____ or Hard surface ____ Dim. (inches) <u>17 X 17</u> Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:	Dim. (inches) ____X____ Deterioration <b>Y</b> <b>N</b> Vis. soil/dust <b>Y</b> <b>N</b> Vis. paint chips <b>Y</b> <b>N</b> Comments:
<b>QA/QC or</b> <b>SRM</b>	Is this the last sample site of day- <b>Y</b> <b>N</b> <ul style="list-style-type: none"> <li>If Yes, then prepare Wipe Field Blank - Sample Number <u><b>Q - 1</b></u></li> </ul>	Is this the 20 <sup>th</sup> residence since last glove field blank - <b>Y</b> <b>N</b> <ul style="list-style-type: none"> <li>If yes, Glove Field Blank - Sample Number <u><b>G - 1</b></u></li> </ul>	Is this the 50 <sup>th</sup> wipe sample since the last SRM (~ 5 residences) - <b>Y</b> <b>N</b> <ul style="list-style-type: none"> <li>If yes, insert Wipe SRM - Sample Number <u><b>WS - 1</b></u></li> <li>SRM Code No: _____</li> </ul>

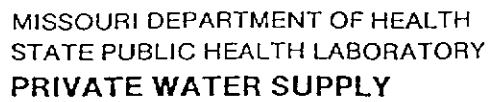
**Form 350**  
**Drinking Water Collection**

**Put ID Sticker  
Here**

Sample Number **W - 1**

Inspector \_\_\_\_\_

General Comments:



**SAMPLES SUBMITTED WITHOUT COLLECTION DATE WILL NOT BE TESTED**

FOR LABORATORY USE ONLY				
REC	BY	REPT	BY	LOG NO.



# FORM 900

## Standard Reference Material Tracking

	SRM Type (Wipe or Soil)	SRM Code Number	Sample Number Assigned	Date Submitted	Comments
1	e.g. Wipe	1			
2	Wipe	2			
3	Wipe	3			
4	Wipe	4			
5	Wipe	5			
6	Wipe	6			
7	Wipe	7			
8	Wipe	8			
9	Wipe	9			
10	Wipe	10			
11	Soil	1			
12	Soil	2			
13	Soil	3			
14	Soil	4			
15	Soil	5			
16	Soil	6			
17	Soil	7			
18	Soil	8			
19	Soil	9			
20	Soil	10			
21					
22					
23					
24					
25					

Suffix before sample number indicates matrix type: **YS** - Soil sample, **WS**- Wipe sample.

**FRM 920**  
**XRF Calibration Check (XRF SN \_\_\_\_\_)**

Inspector	Date/ Time	Response Verification	Source Check Two (1.02 mg/cm <sup>2</sup> )		Inspt. Initial	Date/ Time	Response Verification	Source Check Two (1.02 mg/cm <sup>2</sup> )
		Check	Sample No				Check	Sample No
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average
		___	1				___	1
		___	2				___	2
		___	3				___	3
			Average					Average